

CORVALLIS POLICE DEPARTMENT

CADET PROGRAM APPLICATION



To apply for the Cadet Program, please fill out the enclosed application and waiver. Thoroughly read the directions on the following page. Incomplete applications will not be accepted. Return this application to the Corvallis Police Department.

CORVALLIS POLICE DEPARTMENT CADET PROGRAM APPLICATION

The applicant must meet all of the following requirements at the time of application:

- 1) Be at least 16 years of age, but not older than 21 years of age
- 2) If under 18, applicant will need parental consent
- 3) Be a United States citizen
- 4) Possess a valid driver license with a satisfactory driving record
- 5) Be enrolled in high school or college, and have a GPA of at least 2.50
- 6) Pass a background investigation
- 7) Be able to sit, stand, walk and lift for long periods of time in all weather conditions

To continue in the program, a candidate must:

- 1) Volunteer a minimum of 15 hours a month, consisting of a monthly meeting, patrol, training and/or community events
- 2) Ride-along at least one patrol shift each month and attend a monthly meeting
- 3) Maintain a 2.50 GPA
- 4) Obey all Department General Orders, procedures and protocols
- 5) A cadet must resign on their 21st birthday

When completing the application:

- 1) Answer every question thoroughly and honestly
- 2) Do not sign the Authorization to Release Information until you are in the presence of a notary public. Notary service is provided free of charge for this application at the Corvallis Police Department Records office.
- 3) Attach a copy of your most recent academic records. An official transcript is not necessary.
- 4) Attach a copy of your driver license.

Please note that incomplete applications including those without adequate contact information and academic records will not be processed. Applications are held to strict standards; those without a valid driver license or an acceptable GPA will not be forwarded until those requirements are met.

Please return this application to the Corvallis Police Department Records office, 180 NW 5th Street, during normal business hours. The Corvallis Police Department Cadet Program will contact you by e-mail or U.S. Mail with further information and the status of your application.

CORVALLIS POLICE DEPARTMENT

CADET PROGRAM APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ HT: _____ WT: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

HAVE YOU EVER BEEN ISSUED A DRIVER'S LICENSE FROM ANY OTHER STATE? _____

IF SO, WHICH STATE? _____ LICENSE NUMBER: _____

IF UNDER 18 YEARS OLD, PLEASE LIST PARENTS' NAMES:

FATHER: _____

MOTHER: _____

PLEASE LIST **TWO** REFERENCES (NEITHER OF WHICH IS FAMILY RELATED)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) Why do you want to be a Corvallis Police Department Cadet?

2) What do you expect from your participation in this program?

3) In this program you may be faced with difficult people and stressful situations. Do you have any experience working with the public? Can you give an example?

4) What qualities do you bring to this program?

5) Have you ever had contact with the police? If so, how?

6) Do you have any hobbies or special interests? Do you belong to any organizations or clubs now? Previously?

7) What school do you attend? _____

8) Year in school? _____

9) Attach academic records

Releaser's Parent or Guardian Signature (if Releaser is under age 18)	Date	Phone
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AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Corvallis Police Department, I am required to furnish information for use in determining my qualifications.

In this connection, I authorize you to furnish the Corvallis Police Department with any and all information that you may have concerning me, including information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. This includes, but is not limited to, the release of employment files, personnel records, background investigation files, disciplinary records, any and all internal affairs investigations, complaints or grievances filed by or against me, training files, arrest, criminal, probation and driving records, polygraph and psychological examinations, opinions, and evaluation, military, financial, credit, academic or other records. This also includes photocopies of the above material.

I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged.

I hereby release you, your organization, their agents and representatives and any person furnishing information from any and all liability or damage which may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original.

Applicant's Signature

Date

Applicant's Printed Name

(MUST BE NOTORIZED BELOW)

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public for State of Oregon

Commission Expires